



Open enrollment 2010

November 2–20, 2009

King County

Benefits, Payroll and
Retirement Operations

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2010 open enrollment choices impact your pocketbook!

The 2010 open enrollment offers unprecedented opportunities to choose quality, affordable health care. You can read more about these opportunities beginning on page 5.

Open enrollment will run Nov. 2–20, during which you may make changes online at www.kingcounty.gov/mybenefits. Here are things you can do to prepare yourself:

- Read this open enrollment mailer.
- Visit www.kingcounty.gov/employees/openenrollment, the county's open enrollment Web site, in October and November for more information and updates.
- Go to www.kingcounty.gov/mybenefits in October to log in to PeopleSoft and set up your password so you're ready for online access to open enrollment in November (just follow the instructions for logging in or call Benefits, Payroll and Retirement Operations at 206-684-1556 for assistance). While you're in PeopleSoft, review your current benefits for any changes you want to make during open enrollment.

KingCareSM cost going up; Group Health staying the same

KingCareSM deductibles and coinsurance for medical services as well as copays for preferred and non-preferred brand drugs are going up in 2010.

The Group Health plan, however, is not increasing

out-of-pocket expenses while continuing to provide high-quality health care.

The tables on the next two pages provide a comparison of expenses in KingCareSM and Group Health. A table with expenses for

deputy sheriff plans is available on page 4.

For more information and to compare costs under different scenarios, visit www.kingcounty.gov/employees/openenrollment.

Benefit access fee increasing from \$35 to \$50 a month

The benefit access fee for covering a spouse/domestic partner who has access to medical coverage through an employer other than King County will increase from \$35 a month to \$50 a month in 2010.

You will need to go online during open enrollment to remove the benefit access fee if your spouse/domestic partner does not have access to medical coverage.

During open enrollment, the county resets the fee for every employee covering a spouse/domestic partner so that employees must reconfirm that their spouse/domestic partners do not have access to coverage elsewhere. If you are eligible for an exemption to the benefit access fee and don't remove it during open enrollment, the \$50/month fee will automatically be deducted from your paycheck in January 2010. You may later notify us that you qualify for an exemption and would like to discontinue the fee, but you will not be reimbursed for any fees already deducted.

If you'll be continuing medical coverage for a spouse/domestic partner who has access to medical coverage, you don't need to go online to update your benefit access fee—the benefit access fee deduction from your paycheck will automatically continue.

You must go online to www.kingcounty.gov/mybenefits

if you want to make benefit changes for 2010.

If you need help, call Benefits, Payroll and Retirement Operations at 206-684-1556.

KingCareSM expenses for regular employees and transit operators

This table shows you the increase in annual deductibles, coinsurance and prescription drug coverage in the KingCareSM plan for 2010-2012. The annual out-of-pocket expense maximum will not change. Visit www.kingcounty.gov/employees/openenrollment to compare costs under different scenarios.

KingCare SM	Gold	Silver	Bronze
Annual deductible	2009 \$100 per individual \$300 per family 2010 \$300 per individual \$900 per family	2009 \$300 per individual \$900 per family 2010 \$600 per individual \$1,800 per family	2009 \$500 per individual \$1,500 per family 2010 \$800 per individual \$2,400 per family
Coinurance paid by Aetna	2009 90% network 70% out-of-network 2010 85% network 65% out-of-network	2009 80% network 60% out-of-network 2010 75% network 55% out-of-network	2009 80% network 60% out-of-network 2010 75% network 55% out-of-network
Prescription drugs (30-day supply)	2009 \$10 generic \$15 preferred brand \$25 non-preferred brand 2010 \$7 generic \$30 preferred brand \$60 non-preferred brand	2009 \$10 generic \$15 preferred brand \$25 non-preferred brand 2010 \$7 generic \$30 preferred brand \$60 non-preferred brand	2009 \$10 generic \$15 preferred brand \$25 non-preferred brand 2010 \$7 generic \$30 preferred brand \$60 non-preferred brand
Prescription drugs (90-day supply by mail)	2009 \$20 generic \$30 preferred brand \$50 non-preferred brand 2010 \$14 generic \$60 preferred brand \$120 non-preferred brand	2009 \$20 generic \$30 preferred brand \$50 non-preferred brand 2010 \$14 generic \$60 preferred brand \$120 non-preferred brand	2009 \$20 generic \$30 preferred brand \$50 non-preferred brand 2010 \$14 generic \$60 preferred brand \$120 non-preferred brand
Annual out-of-pocket maximum (plus annual deductible)	2009 Network \$800 per individual \$1,600 per family Out-of-network \$1,600 per individual \$3,200 per family 2010 Network \$800 per individual \$1,600 per family Out-of-network \$1,600 per individual \$3,200 per family	2009 Network \$1,000 per individual \$2,000 per family Out-of-network \$1,800 per individual \$3,600 per family 2010 Network \$1,000 per individual \$2,000 per family Out-of-network \$1,800 per individual \$3,600 per family	2009 Network \$1,200 per individual \$2,400 per family Out-of-network \$2,000 per individual \$4,000 per family 2010 Network \$1,200 per individual \$2,400 per family Out-of-network \$2,000 per individual \$4,000 per family
Lifetime maximum	2010 \$2 million	2010 \$2 million	2010 \$2 million

Group Health expenses for regular employees and transit operators

This table shows you the copays for medical services and prescription drugs in the county's Group Health plan for 2010-2012. Group Health out-of-pocket expenses will not change. To compare costs under different scenarios, visit www.kingcounty.gov/employees/openenrollment.

Group Health	Gold	Silver	Bronze
Annual deductible	2009 None 2010 None	2009 None 2010 None	2009 None 2010 None
Coinurance	2009 None 2010 None	2009 None 2010 None	2009 None 2010 None
Copay	2009 \$20 2010 \$20	2009 \$35 2010 \$35	2009 \$50 2010 \$50
Prescription drugs (30-day supply)	2009 \$10 generic \$20 preferred brand \$30 non-preferred brand 2010 \$10 generic \$20 preferred brand \$30 non-preferred brand	2009 \$10 generic \$20 preferred brand \$30 non-preferred brand 2010 \$10 generic \$20 preferred brand \$30 non-preferred brand	2009 \$10 generic \$20 preferred brand \$30 non-preferred brand 2010 \$10 generic \$20 preferred brand \$30 non-preferred brand
Prescription drugs (90-day supply by mail)	2009 \$20 generic \$40 preferred brand \$60 non-preferred brand 2010 \$20 generic \$40 preferred brand \$60 non-preferred brand	2009 \$20 generic \$40 preferred brand \$60 non-preferred brand 2010 \$20 generic \$40 preferred brand \$60 non-preferred brand	2009 \$20 generic \$40 preferred brand \$60 non-preferred brand 2010 \$20 generic \$40 preferred brand \$60 non-preferred brand
Annual out-of-pocket maximum	2009 Network \$1,000 per individual \$2,000 per family Out-of-network Limited coverage 2010 Network \$1,000 per individual \$2,000 per family Out-of-network Limited coverage	2009 Network \$2,000 per individual \$4,000 per family Out-of-network Limited coverage 2010 Network \$2,000 per individual \$4,000 per family Out-of-network Limited coverage	2009 Network \$3,000 per individual \$6,000 per family Out-of-network Limited coverage 2010 Network \$3,000 per individual \$6,000 per family Out-of-network Limited coverage
Lifetime maximum	2010 No limit	2010 No limit	2010 No limit

Deputy sheriffs—Deputy Sheriff Plan and Group Health expenses

If you're a deputy sheriff, this table shows you the out-of-pocket expenses in the Deputy Sheriff Plan and Group Health plan for 2010-2012.

	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver	Group Health Gold	Group Health Silver
Annual deductible	2009 \$50 individual \$150 family 2010 \$50 individual \$150 family	2009 \$200 individual \$600 family 2010 \$200 individual \$600 family	2009 No annual deductible 2010 No annual deductible	2009 No annual deductible 2010 No annual deductible
Coinsur- ance paid by Aetna	2009 90% network 70% out-of-network 2010 90% network 70% out-of-network	2009 80% network 60% out-of-network 2010 80% network 60% out-of-network	2009 No coinsurance 2010 No coinsurance	2009 No coinsurance 2010 No coinsurance
Copay	2009 No copay 2010 No copay	2009 No copay 2010 No copay	2009 \$7 copay 2010 \$7 copay	2009 \$20 copay 2010 \$20 copay
Prescrip- tion drugs (30-day supply)	2009 \$7 generic \$12 preferred brand \$25 non-preferred brand 2010 \$7 generic \$12 preferred brand \$25 non-preferred brand	2009 \$10 generic \$15 preferred brand \$25 non-preferred brand 2010 \$10 generic \$15 preferred brand \$25 non-preferred brand	2009 \$5 generic \$5 preferred brand 2010 \$5 generic \$5 preferred brand Non-preferred brands are not covered.	2009 \$10 generic \$15 preferred brand 2010 \$10 generic \$15 preferred brand Non-preferred brands are not covered.
Prescrip- tion drugs (90-day supply by mail)	2009 \$14 generic \$24 preferred brand \$50 non-preferred brand 2010 \$14 generic \$24 preferred brand \$50 non-preferred brand	2009 \$20 generic \$30 preferred brand \$50 non-preferred brand 2010 \$20 generic \$30 preferred brand \$50 non-preferred brand	2009 \$10 generic \$10 preferred brand 2010 \$10 generic \$10 preferred brand Non-preferred brands are not covered.	2009 \$20 generic \$30 preferred brand 2010 \$20 generic \$30 preferred brand Non-preferred brands are not covered.
Annual out-of- pocket maximum (plus annual deducti- ble)	2009 Network \$375 individual \$1,125 family Out-of-network \$375 individual \$1,125 family 2010 Network \$375 individual \$1,125 family Out-of-network \$375 individual \$1,125 family	2009 Network \$800 individual \$1,600 family Out-of-network \$800 individual \$1,600 family 2010 Network \$800 individual \$1,600 family Out-of-network \$800 individual \$1,600 family	2009 \$1,000 individual \$2,000 family 2010 \$1,000 individual \$2,000 family	2009 \$1,500 individual \$3,000 family 2010 \$1,500 individual \$3,000 family
Lifetime maximum	2010 \$2 million	2010 \$2 million	2010 No limit	2010 No limit

Quality health care—getting the right care at the right time

Most of us only think of open enrollment as the time we make changes to our benefits for the following year. But, with increases in KingCareSM out-of-pocket expenses and a national discussion of health care, this year's open enrollment is an opportunity to think about our benefits in terms of the type of quality care we want.

Across America, there are serious gaps between the health care that people should receive and the care they actually do receive. In the Puget Sound region, people get the right care only 59 percent of the time, according to a 2004 RAND study.

What is quality care?

- It's care based on the best medical research about what makes you ill and what makes you better.
- It's care when you need it.
- It's all the care you need to help you and not the care you don't need that might harm you.
- It's care tailored to you.
- It's care delivered by professionals who respect you, communicate clearly with you and involve you in decisions about your care.

Our job as consumers of health care is to learn how to make decisions about care based on a knowledge of what's effective and what's ineffective.

The cost of poor quality care

High-quality care makes better and more efficient use of your health care dollars. We all pay a price for poor-quality care. A staggering \$700 billion, or 30 percent, of U.S. health care spending is the result of poor-quality care based in large part on preventable errors and overuse of health care.

Preventable errors occur throughout the health care system. Between 44,000 and 98,000 people die annually from preventable errors—that's more than the deaths from motorcycle accidents, breast cancer or HIV. Some errors are human, but systems within hospitals and medical offices can be designed to greatly reduce the risk of error.

Overuse occurs because we are inclined to think the best care is the most intensive and expensive. However, in many cases people are treated without medical justification or without consideration of equally effective options that cost less or cause fewer side effects. For example, antibiotics are prescribed inappropriately for children's ear infections 13 million times a year—802 times out of every 1,000 doctor visits—despite the finding that more than 80 percent of infections get better within three days without antibiotics.

Important tips to guide your open enrollment

You may make the following changes during open enrollment:

- ▶ Change medical plans
- ▶ Add or discontinue medical, dental and/or vision coverage for eligible dependents
- ▶ Decrease or discontinue supplemental life insurance for you and your eligible dependents
- ▶ Add, increase, decrease or discontinue supplemental accidental death and dismemberment (AD&D) coverage for you and your eligible dependents
- ▶ Discontinue supplemental long-term disability (LTD) insurance for yourself
- ▶ Remove the benefit access fee if your spouse/domestic partner does not have access to medical coverage.

You cannot make the following changes during open enrollment:

- ▶ Add or increase supplemental life insurance for you and your eligible dependents
- ▶ Add supplemental long-term disability (LTD) insurance for yourself.

Group Health offers quality, affordable care

Because Group Health offers low out-of-pocket expenses, many employees have assumed the county is trying to encourage employees to enroll in Group Health. They're right! There are many reasons the county would like to see you enroll in Group Health.



A leading consumer magazine has ranked Group Health higher than any other health maintenance organization in the country.

Lower cost—On average, Group Health costs you and the county about 15–25 percent less.

Group Health is ranked high nationally—In a recent issue of a leading consumer magazine, Group Health ranked higher than any other health maintenance organization in the country based on the following criteria: care from doctors, choice of doctors, access to doctors and care, customer service, billing and online services.

Highest marks with Puget Sound Health Alliance—Group Health received "above regional average," the highest mark possible in 11 of 15 quality measures in the *2009 Puget Sound Health Alliance Community Checkup*. That's more top marks than any of the other nine medical groups in the Puget Sound region rated on the same 15 measures. The Puget Sound Health Alliance is an independent nonprofit organization that publishes the *Community Checkup* report using a rating system based on data from about two million people in our region.

Top Docs—More than 50 Group Health doctors have been ranked by their peers as best in their fields in the 2009 Top Doctors issues of Seattle magazine, Seattle Metropolitan magazine, Spokane/Coeur d'Alene Living magazine and 425 Magazine.

Group Health doctors were featured in the county's recent Choose Well lunch-and-learn presentations. To hear what they had to say about primary care, heart health and healthy aging, visit the Health Matters Web site at www.kingcounty.gov/employees/healthmatters and click on Lunch and Learn Series under Healthy Workplace.

Patients are at the center of care—All Group Health patients get a personal health care team that includes a primary care doctor and other specialized health care experts. All patients can see their medical records and get copies of their lab results, after-visit summaries and a library of health information through secure, confidential online access. Patients can even e-mail their doctors and have follow-up appointments by phone.

Group Health is one of the first health care organizations in the nation to develop and use a shared decision-making approach that involves patients in deciding about care when the course of treatment is unclear and several options need to be weighed. Armed with enough information about a "preference sensitive condition" such as breast cancer or prostate cancer, the patient and doctor can decide on a course of treatment that reflects the patient's preference based on personal values.

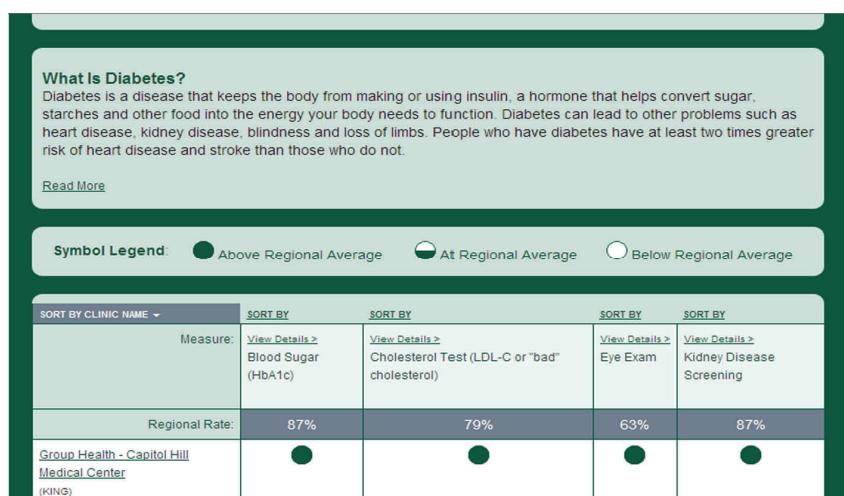


Patients at Group Health get a personal health care team.

Easy access to your health care team—Group Health delivers on its promise to get patients in to see their health care team on the same day as necessary. All e-mail is answered within 24 hours, and a consulting nurse is available by phone 24 hours a day. Also, urgent care centers on Capitol Hill and in Bellevue are open 24 hours a day for those cases demanding immediate attention that would otherwise be low priority in an emergency room.

Quality care

Use the Puget Sound Health Alliance Community Checkup Report at www.wacomunitycheckup.org to see which clinics follow procedures that medical evidence shows are most effective.



Finding quality, affordable care in KingCareSM

Because Aetna administers the KingCareSM plan, employees and their families with KingCareSM coverage can access effective online tools that can help them find quality, affordable health care and avoid poor-quality care. All you have to do is go online and register with Aetna Navigator at www.kingcare.com.

If you choose to stay with Aetna for your coverage next year, use Aetna's online tools, along with others that have been tested and compiled by King County at www.kingcounty.gov/employees/healthmatters, to help you make the best health care choices.

Find quality care—Aetna's hospital comparison tool assesses hospitals against quality indicators such as

complications and mortality and shows which hospitals have the lowest rate of hospital-acquired infections.

The Puget Sound Health Alliance Community Checkup Report at www.wacomunitycheckup.org tells you what science says is the best course of treatment for certain conditions. With that information, you can talk to your doctor about getting the tests you need and avoiding the ones you don't need.

Find affordable care—Aetna's cost comparison tool enables you to compare costs between different providers for numerous procedures. The cost of a medical procedure can vary by thousands of dollars depending on which medical facility you choose.

Find quality care in KingCareSM

Aetna's hospital comparison tool compares hospitals against quality indicators.

Find affordable care in KingCareSM

Aetna's cost-of-care tool tells you the cost for the same procedure at different medical facilities.

The figure is a screenshot of the Aetna website. At the top, there is a navigation bar with links for "Your Profile", "Site Map", "Contact Us", "Log Out", and "en Espanol". Below the navigation bar, there is a search bar with the placeholder text "Find Health Care in DocFind". To the right of the search bar, there is a link "September 18, 2009". In the center of the page, there is a section titled "Find Health Care in DocFind" with the sub-instruction "You can search by provider category and type below. Rate information for certain doctors, specialists, laboratories and hospitals is available." Below this, there is a "Search" button and a "Related Shortcuts" sidebar with links to "Benefits Summary", "Medical Benefits Used & Remaining", "Plan Guide", and "Preparing for Your Doctor Visit". To the right of the search bar, there is a "Take Action On Your Health" menu with options like "Find Health Care", "Health History", "Cost of Care", "Staying Healthy", and "Health Guide". Two red circles with arrows point to specific areas: one points to the "Find Health Care" link in the "Take Action On Your Health" menu, labeled "1st click"; another points to the "Find Health Care in DocFind" search bar, labeled "2nd click".



King County

Finance and Business Operations Division

Benefits, Payroll and Retirement Operations Section

Department of Executive Services

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**2010 benefit changes
will impact your
pocketbook.**

Be sure to read this
important information about
open enrollment,
November 2–20, 2009.

**Open enrollment
November 2-20, 2009**

Go online to
www.kingcounty.gov/mybenefits
to make changes
to your benefits for 2010.

If you have questions or need help during open enrollment

Contact Benefits, Payroll and Retirement Operations

206-684-1556 (8 a.m.-5 p.m. weekdays) kc.benefits@kingcounty.gov (anytime)